

Effective on 12/08/2004.
 Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4688).

**FEE TRANSMITTAL
FOR FY 2005**

APPROPRIATIONS MARK OFFICE
MAY 31 2006

		Complete if Known	
Application Number		10/082,634	
Filing Date		February 21, 2002	
First Named Inventor		Selena Chan	
Examiner Name		B.J. Forman	
Art Unit		1634	
Attorney Docket No.		176/61011 (2-11144-1010)	

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$): \$1,475.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Extra Claims _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

Multiple Dependent Claims _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

Indep. Claims - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

Extra Claims _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	_____ x _____ = _____	_____

4. OTHER FEE(S)

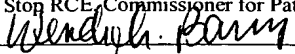
Non-English Specification,	\$130 fee (no small entity discount)	
Other: RCE Filing Fee (\$395) and Five-Month Extension of Time Filing Fee (\$1,080)		\$1,475.00

SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 40,087	Telephone (585) 263-1128
Name (Print/Type) Edwin V. Merkel	Date May 25, 2006	

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 25, 2006.

Signature: 
 Name: Wendy L. Barry

SEND TO: Commissioner for Patents
 P.O. Box 1450
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